

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

HEALTH CARE REFORM OPERATIONS

**DMH ACCESS Center Appointment Scheduling:
Frequently-Asked Questions from DMH Contracted Clinics**

- I. [Clients Referred via the Access Appointment Line](#)
- II. [Service Request Tracking System \(SRTS\) Calendar Module: Adding or Editing Available Appointments](#)
- III. [SRTS Calendar Module: Booked Appointments](#)
- IV. [Clinic Operations](#)
- V. [Who to Contact for Questions Regarding ACCESS Appointment Scheduling](#)

I. CLIENTS REFERRED VIA THE ACCESS APPOINTMENT LINE

Q1: Which referrals go through the ACCESS Appointment Line?

A: The ACCESS Appointment Line receives referrals from Medi-Cal managed care plans and from the Department of Health Services (DHS) eConsult. The referrals from the Medi-Cal managed care plans are urgent referrals and will be scheduled within five **(5)** business days. Referrals from DHS eConsult may be either urgent or routine and will be scheduled within five (5) business days if urgent or 15 business days if routine.

Q2: What screening does ACCESS do prior to selecting a provider and appointment time?

A: The ACCESS Appointment Line agent screens for age group, language need, and insurance status. Based on these three factors, the agent determines the closest clinic that has availability to see the client. For referrals from Medi-Cal managed care providers, ACCESS also reviews the referral form to ensure clients meet the algorithm for urgent appointments.

Q3: Are the urgent appointments being scheduled for clients who are in crisis?

A: Clients who are in crisis and in need of immediate services are referred to the Psychiatric Mobile Response Team (PMRT) or an urgent care center. Urgent appointments are scheduled for individuals in need of expedited, not immediate, services and should be seen within five (5) business days.

Q4: Will the ACCESS Center refer clients with Other Health Coverage (OHC)?

A: Yes, individuals who have both Medi-Cal and OHC may be referred to contracted clinics. The client will be instructed to contact the clinic prior to the appointment to verify coverage. In addition, upon receiving a referral for a client with Medi-Cal and OHC, the receiving clinic should assist the client with the process of contacting the OHC provider to determine if services can be provided. Clinics should follow the guidance provided in the OHC Policy Reminder (RMD Bulletin DMH 13-023, February 2013).

**DMH ACCESS Center Appointment Scheduling:
FAQs from DMH Contracted Clinics**

Q5: Will the ACCESS Center refer clients with Medi-Cal Share of Cost?

A: Yes, the ACCESS Appointment Line will refer clients with Share of Cost.

Q6: Will the ACCESS Center refer clients with Medi-Medi?

A: Yes, the ACCESS Appointment Line will refer clients with Medi-Medi. For clients with Cal MediConnect, ACCESS will only refer to clinics that are able to serve this population. For clients with traditional Medi-Medi, ACCESS will refer to the most appropriate clinic.

Q7: Will the ACCESS Center refer indigent clients?

A: No, the ACCESS Appointment Line will not refer indigent clients to contracted clinics.

Q8: Will the ACCESS Center refer clients who speak languages other than those we have listed as available during the specified appointment times?

A: ACCESS will attempt to provide an appointment with a provider that has indicated language availability in the client's preferred language whenever clinically appropriate. However, in some circumstances, ACCESS may schedule an appointment for a client who speaks a language not listed as available at that clinic. In such cases, providers are expected to accommodate the appointment through use of interpretative services.

II. SERVICE REQUEST TRACKING SYSTEM (SRTS) CALENDAR MODULE: ADDING OR EDITING AVAILABLE APPOINTMENTS

Q9: How does our clinic access the SRTS calendar module?

A: The SRTS calendar module is accessible to registered SRTS users from the SRTS homepage via a link in the left-hand corner entitled "Calendar for ACCESS Appointments." If you are not a registered SRTS user but would like access to the calendar module or SRTS client records for your location, you will need to complete the application process outlined below.

All individuals requesting access to the SRTS must first have a secure login ID (a.k.a. token or C#). Please note that obtaining a secure ID takes approximately eight (8) weeks. Once being assigned a secure ID number, there is a one-page registration form to obtain access to the SRTS. This process is quick and generally completed within one (1) business day if all the information in the registration form is complete. For instructions on how to apply for a secure ID and the SRTS, please see the SRTS website via the DMH home page, "For Providers" and "Clinical Forms," or [click here](#).

Q10: Will there be training for the new SRTS calendar module?

A: Yes, upon release of version 2.0 of the calendar module, there will be a webinar offered. In the interim, please refer to the instructions in the document "SRTS Calendar Module Instructions for Providers v1.0" or contact Linnea Koopmans (contact information on Page 5) with any questions.

**DMH ACCESS Center Appointment Scheduling:
FAQs from DMH Contracted Clinics**

Q11: How many appointment times is our location required to provide?

A: Clinics with 1,500 clients or more are required to provide five appointment times per week. Clinics with fewer than 1,500 clients are required to provide three appointment times per week. Contact Linnea Koopmans if the number of slots required presents a hardship for your clinic.

Q12: How do we change our clinic's availability of appointment times?

A: Clinics may change the availability of ACCESS appointment times via the SRTS calendar module. The calendar module is accessible upon logging into the SRTS. The link "Calendar for ACCESS Appointments" will connect the user to the clinic's current calendar. For full instructions on how to use the calendar module, please see "SRTS Calendar Module Instructions for Providers v1.0."

Q13: What do I do when there is a holiday and our clinic is closed?

A: All updates to clinic calendars for holidays and clinic closures should be made at least three weeks prior to the dates the clinic will be closed.

Q14: How can I change the language capacity for available appointment times?

A: Currently, a clinic should contact Linnea Koopmans to make changes for language capacity for ACCESS appointment times. Upon release of version 2.0 of the SRTS calendar module slated for late fall, language capacity will be included in the appointment details in the module and clinics should update this directly.

Q15: When can we release appointment times that are not booked?

A: If an appointment has not been scheduled within 48 hours of the appointment time, clinics may release the appointment to be used for other purposes. No changes need to be made to the available appointment in the Calendar Module. The ACCESS Appointment Line will not book an appointment if it is within the two-business day window.

III. SRTS CALENDAR MODULE: BOOKED APPOINTMENTS

Q16: What do I do if the ACCESS Appointment Line has scheduled an appointment, transferred the SRTS record, and we determine our clinic cannot provide an initial assessment for some reason?

A: If you determine you are unable to provide the initial assessment, contact the individual as soon as possible to link him or her with a clinic that can provide an appointment within the access-to-care timeframes. Individuals who are considered "urgent" must be seen within five (5) business days of the initial request and those considered "routine" within 15 business days of the initial request. The clock starts when the referral was received by the ACCESS Appointment Line and does not stop until the individual is offered a 'true' initial appointment. In other words, if an initial appointment was offered at your site, but you cannot keep that appointment, the clock has

**DMH ACCESS Center Appointment Scheduling:
FAQs from DMH Contracted Clinics**

not stopped. Consult with Service Area Navigators if you do not know which provider could see the individual within the designated timeframe. If a subsequent appointment cannot be made within the allowable timeframes, an additional referral can be made to the nearest urgent care center. Be sure to follow departmental policies regarding the issuance of a Notice of Action-E (NOA-E) when needed.

Once an appropriate clinic has been identified to serve the client, transfer the SRTS record to that location. In addition, you will need to email SRTS@dmh.lacounty.gov to request the initial disposition be cleared so that the receiving provider can enter the updated initial appointment time.

Q17: When will we know that an appointment has been scheduled?

A: After the ACCESS Appointment Line identifies an appointment time and completes the SRTS record, the record will be sent to the receiving clinic. An email notification will be sent from applicationalert@dmh.lacounty.gov to the SRTS users at that program stating that a record has been transferred from the ACCESS 855 Line (ACCESS Appointment Line). Upon opening the record, clinics will be able to see the appointment date and time, which will be one of the times identified by the clinic as available for ACCESS appointments.

Q18: When will we receive the client's information?

A: Clinics will receive client information when the ACCESS Appointment Line transfers the SRTS record.

Q19: What is the soonest a client would be scheduled for an appointment?

A: The soonest a client will be scheduled for an appointment will be two business days from the day of the initial request. If there is a request made via the ACCESS Appointment Line that requires an appointment be made sooner than two business days, ACCESS will call the provider prior to scheduling an appointment to inquire as to whether the desired appointment time is still available.

Q20: How will I know if the appointment is urgent or routine?

A: In the "Requesting/Referring Party" section of the SRTS record there is a field for "Urgent Referral?" If urgent, it will show as "yes"; if routine, it will show as "no." Whether an appointment is urgent or routine will also be noted in the booked appointment within the SRTS Calendar Module and noted on the ACCESS Contact Sheet attached to the SRTS record.

Q21: What if one of our clinicians who is assigned to a specific appointment time each week leaves on vacation or is out sick?

A: If the ACCESS Appointment Line has already booked an appointment that was listed as available it is the clinic's responsibility to ensure the client is seen within five (5) business days.

**DMH ACCESS Center Appointment Scheduling:
FAQs from DMH Contracted Clinics**

The clinic can call the client and reschedule the appointment if necessary, but must notify SRTS@dmh.lacounty.gov if the initial appointment date is later than the one recorded in the SRTS record so it can be updated to accurately track the first appointment offered to the client.

Clinics can update their calendars at any time to change available appointments should staffing change.

Q22: Will ACCESS still call our clinic for appointments?

A: No, the ACCESS Appointment Line will no longer be calling for appointment availability. ACCESS Appointment Line staff will identify available appointment times via the SRTS calendar module. ACCESS will only call clinics in exceptional circumstances.

Q23: What do I need to document in the SRTS when I receive an appointment through ACCESS?

A: Clinics are responsible for entering the “Final Disposition” of the request. Upon receiving the SRTS record, the “Disposition of Request for Service” will state “Assessment appointment given at site” along with the information for the first appointment offered. The receiving clinic should enter the final disposition, which indicates whether the client accepted services, declined services, did not show for the appointment, did not meet program criteria, or the program is unable to serve the client. Any correspondence with the client prior to determining the final disposition should be entered into the “Add New Comment” box.

IV. CLINIC OPERATIONS

Q24: I notice not all of our locations are providing ACCESS appointments. How do I know if a location should be providing appointment times?

A: Each site that is considered a “full scope” location, (i.e., where intakes are routinely conducted, an array of mental health services provided), should be included in the scheduling system. If a clinic fits this description but is not currently providing ACCESS appointment times, please contact Linnea Koopmans so that the site can be added.

Q25: Our clinic needs to screen all clients prior to their first appointment. How will this work under the new system?

A: Clinics will still be able to screen clients prior to the initial assessment. After the ACCESS Appointment Line schedules the appointment and transfers the record via the SRTS, clinics will receive the client contact information, the referral, and other pertinent information or attachments. Clinics may then call the client for screening and to confirm appointment details.

Q26: We are a field-based site. How will this work for ACCESS appointments?

A: Field-based sites should make note of this in the “Comments” box in the SRTS calendar module when entering an available appointment. After an appointment time is scheduled and the SRTS

**DMH ACCESS Center Appointment Scheduling:
FAQs from DMH Contracted Clinics**

record is sent to the receiving clinic, the clinic will be able to call the client to make arrangements for an assessment appointment in the field. For field-based programs that conduct the initial appointment in the clinic, this should be noted in the “Comments” box, (e.g., “Field-based program, but initial appointment occurs in the clinic.”) For these programs, clients will be instructed to go to the clinic location for the initial appointment.

V. WHO TO CONTACT FOR QUESTIONS REGARDING ACCESS APPOINTMENT SCHEDULING

Q27: Who do we contact if we have questions, or are having problems with the SRTS calendar module?

A: For all questions related to the ACCESS Appointment Line, please contact Linnea Koopmans at lkoopmans@dmh.lacounty.gov or (213) 251-6810.